

Sent via Certified and Regular Mail



Governor John Kasich

August 1, 2017

Deborah A. Moss
63 Salem Court
Hinckley, OH 44233

RE: Deborah Moss v. University Hospitals at Parma Medical
CLEB4(44114)07162017

Dear Ms. Moss:

The Ohio Civil Rights Commission (Commission) previously notified you of receipt of your inquiry. Copies of the charge affidavit (which may include amendments made by staff based on the information you have submitted) were sent to you to be signed under oath and returned to the Commission. As of today, the Commission has not received your executed charges.

As required by Ohio Revised Code Section 4112.05 (B)(1), a charge must be written, signed and under oath as part of the preliminary investigative process. It is requested that you return the properly executed charges to the regional office within **THIRTY (30) DAYS** from the date of this letter. **Failure to comply with this requirement will result in the case being dismissed as NO JURISDICTION.**

Two copies of the charge affidavit are enclosed with this letter. For your convenience, you may bring your charge affidavits into the regional office to meet with a Commission representative who can have you sign the charge under oath. In the alternative, you may also take the copies to a notary to have them notarized. Do not sign the charge affidavits until you are directed to do so by the notary. If you choose to go to a notary, please retain one copy for your records and return the remaining copy using the enclosed return envelope which is provided for your convenience. If circumstances make it a hardship for you to come to our office or meet with a notary, please contact your investigator to make alternate arrangements.

If you have any questions, please do not hesitate to contact us at 216-787-3150. Our office hours are Monday through Friday from 8:00 am to 5:00 pm.

For the Commission,

Barbara A. Soohey

Barbara A. Soohey
Office Manager

OHIO CIVIL RIGHTS COMMISSION

G. Michael Payton
Executive Director

Commissioners

Leonard Hubert, *Chairman*
Lori Barreras
Juan P. Cespedes
William W. Patmon III
Madhu Singh

CLEVELAND REGIONAL OFFICE

Frank J. Lausche
State Office Building
615 West Superior Ave.
Suite 885
Cleveland, OH 44113
(216) 787-3150 Phone
(888) 278-7101 Toll Free
(216) 787-4121 Fax
www.crc.ohio.gov

EJM

**OHIO CIVIL RIGHTS COMMISSION
CHARGE OF DISCRIMINATION (EMPLOYMENT)**

OCRC Case Number:

CLEB4(44114)01168017

EEOC Case Number:

Your Name

Deborah A Moss

Your Street Address

63 Salem Crt

City, State and Zip

Hinckley Ohio 44233

Telephone Number

330-225-9597

Alternate Number (Optional)

Email Address (Optional)

dabmoss@aol.com

Company Name

University Hospitals at Parma Medical

Company Street Address

7007 Powers Blvd

City, State and Zip

Parma Ohio 44129

County (if located in Ohio)

Cuyahoga

Telephone Number

440-743-3000

of Employees

24000

Date of Hire

12/12/96

Dates of Discrimination (MM/DD/YYYY): 2/15/2017

I was discriminated on the basis of:

Race/Color

Sex

☒ Disability (DO NOT LIST DISABILITY)

Age (over 40 years old only)

Religion

National Origin/Ancestry

Military Status

Retaliation (for protesting discrimination)

Please identify how you are a member of the category you marked on the left: (If you marked **AGE**, please list your **BIRTH DATE**. If you have marked **DISABILITY**, **DO NOT IDENTIFY** your disability.)

Good reviews for 20 years. New manager arrives 2016. Good reviews given and quotes "nothing in my file" 2017 put on medical leave based on disability

RECEIVED**JUL 16 2017****Please read and review the following:**

I have not commenced with any action under sections 4112.14 or 4112.02(N) of the Ohio Revised Code with respect to the subject matter of the affidavit. I understand that upon filing of this charge with the Ohio Civil Rights Commission, I am barred from instituting any such civil action and that any monetary award or financial benefit I may receive may be limited to back pay and/or restoration of employment fringe benefits and may not include other damages to which I may be entitled as a result of such civil action.

I am filing a charge alleging AGE DISCRIMINATION and I have read and understand the above information.

☒ I am NOT filing a charge alleging AGE DISCRIMINATION and this does not apply to me.

OCRC - INTAKE**CLEVELAND**

Charging Party: *DEBORAH MEE*
Case Number: *CLEB44114107162017*

Act of Discrimination #1

Date of Discrimination (MM/DD/YYYY): 2/15/2017

I was subjected to (mark only one issue):

- ☐ a denial of promotion
- ☒ a forced resignation
- ☐ demotion
- ☐ denial of hire
- ☐ denial of a reasonable accommodation
- ☐ different terms and conditions of employment
- ☐ discharge/termination
- ☐ discipline
- ☐ harassment/sexual harassment
- ☐ layoff
- ☐ other

I believe it was because of my:

- ☐ Race/Color
- ☐ Sex
- ☒ Disability
- ☐ Age
- ☐ Religion
- ☐ National Origin/Ancestry
- ☐ Military Status
- ☐ Protected activity (retaliation)

If you have marked "other", please briefly describe the discriminatory act:

The reason given by the company for this action is:

Personnel and patient safety, and no longer able to meet job requirements.

I was given this reason by (name and position):

Katherine Holley-Manager of BCOA(my department)

I am aware of others treated more favorably than me including:

No other circumstances

I believe that this was discrimination because:

I have been able to handle my job for 20 years, and still can do it. Accusations of not being able to perform job functions are false.

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CLEVELAND**

Charging Party: *DEBORAH MOSE*
Case Number: *CLE BH (44114) 07169017*

Act of Discrimination #2 (Optional)

Date of Discrimination (MM/DD/YYYY):

I was subjected to (mark only one issue):

- a denial of promotion
- a forced resignation
- demotion
- denial of hire
- denial of a reasonable accommodation
- different terms and conditions of employment
- discharge/termination
- discipline
- harassment/sexual harassment
- layoff
- other

I believe it was because of my:

- Race/Color
- Sex
- Disability
- Age
- Religion
- National Origin/Ancestry
- Military Status
- Protected activity (retaliation)

If you have marked "other", please briefly describe the discriminatory act:

The reason given by the company for this action is:

I was given this reason by (name and position):

I am aware of others treated more favorably than me including:

I believe that this was discrimination because:

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**OCRC - INTAKE
CLEVELAND**

Charging Party:

Case Number:

Deborah Moss
CCE BK 444141 07162017

Please check to indicate you have read and agreed to the statements below.

✓ I understand that I will not be able to sign this form on-line. A copy will be mailed out to me for a notarized signature. An investigation will not begin until the Ohio Civil Rights Commission receives a signed and notarized charge from me.

✓ I declare under penalty of perjury that I have read the above charge and that it is true to the best of my knowledge, information and belief. I will advise the agency/agencies if I change my address or telephone number and that I will cooperate fully in the processing of my charge in accordance to their procedures.

I swear under oath that this charge is true.

Charging Party

Date

Deborah Moss

8/8/17

Subscribed and sworn to before me on this 8th day of August of 20 17

Sarah Wilk

OCRC Representative or Notary



SARAH WILK
NOTARY PUBLIC
FOR THE
STATE OF OHIO
My Commission Expires
January 21, 2020

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CLEVELAND

EJM

**OHIO CIVIL RIGHTS COMMISSION
CHARGE OF DISCRIMINATION (EMPLOYMENT)**

OCRC Case Number: **CLEBY(44114)01169011**

EEOC Case Number:

Your Name	Company Name	
Deborah A Moss	University Hospitals at Parma Medical	
Your Street Address	Company Street Address	
63 Salem Crt	7007 Powers Blvd	
City, State and Zip	City, State and Zip	
Hincklev Ohio 44233	Parma Ohio 44129	
Telephone Number	County (if located in Ohio)	
330-225-9597	Cuyahoga	
Alternate Number (Optional)	Telephone Number	
	440-743-3000	
Email Address (Optional)	# of Employees	Date of Hire
dabmoss@aol.com	24000	12/12/96

Dates of Discrimination (MM/DD/YYYY): 2/15/2017

I was discriminated on the basis of :

Race/Color

Sex

☒ Disability (DO NOT LIST DISABILITY)

Age (over 40 years old only)

Religion

National Origin/Ancestry

Military Status

Retaliation (for protesting discrimination)

Please identify how you are a member of the category you marked on the left: (If you marked **AGE**, please list your **BIRTH DATE**. If you have marked **DISABILITY**, **DO NOT IDENTIFY** your disability.)

Good reviews for 20 years. New manager arrives 2016. Good reviews given and quotes "nothing in my file" 2017 put on medical leave based on disability

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I am filing a charge alleging AGE DISCRIMINATION and I have read and understand the above information.

☐ I am NOT filing a charge alleging AGE DISCRIMINATION and this does not apply to me.

OCRC - INTAKE**CLEVELAND**

Charging Party: *Deborah Mose*
Case Number: *CLEB4(44114)07162017*

Act of Discrimination #1

Date of Discrimination (MM/DD/YYYY): 2/15/2017

I was subjected to (mark only one issue):

- ☐ a denial of promotion
- ☒ a forced resignation
- ☐ demotion
- ☐ denial of hire
- ☐ denial of a reasonable accommodation
- ☐ different terms and conditions of employment
- ☐ discharge/termination
- ☐ discipline
- ☐ harassment/sexual harassment
- ☐ layoff
- ☐ other

I believe it was because of my:

- ☐ Race/Color
- ☐ Sex
- ☒ Disability
- ☐ Age
- ☐ Religion
- ☐ National Origin/Ancestry
- ☐ Military Status
- ☐ Protected activity (retaliation)

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Katherine Holley-Manager of BCOA(my department)

I am aware of others treated more favorably than me including:

No other circumstances

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I believe that this was discrimination because:

I have been able to handle my job for 20 years, and still can do it. Accusations of not being able to perform job functions are false.

Charging Party: *Deborah Moore*
Case Number: *CLE BH (44114) 01/6/9017*

Act of Discrimination #2 (Optional)

Date of Discrimination (MM/DD/YYYY):

I was subjected to (mark only one issue):

a denial of promotion
a forced resignation
demotion
denial of hire
denial of a reasonable accommodation
different terms and conditions of employment
discharge/termination
discipline
harassment/sexual harassment
layoff
other

I believe it was because of my:

Race/Color
Sex
Disability
Age
Religion
National Origin/Ancestry
Military Status
Protected activity (retaliation)

If you have marked "other", please briefly describe the discriminatory act:

The reason given by the company for this action is:

I was given this reason by (name and position):

I am aware of others treated more favorably than me including:

I believe that this was discrimination because:

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**OCRC - INTAKE
CLEVELAND**

Charging Party:

Case Number:

Deborah Moss
CCE BH 4/4/17 07162017

Please check to indicate you have read and agreed to the statements below.

- ✓ I understand that I will not be able to sign this form on-line. A copy will be mailed out to me for a notarized signature. An investigation will not begin until the Ohio Civil Rights Commission receives a signed and notarized charge from me.
- ✓ I declare under penalty of perjury that I have read the above charge and that it is true to the best of my knowledge, information and belief. I will advise the agency/agencies if I change my address or telephone number and that I will cooperate fully in the processing of my charge in accordance to their procedures.

Charging Party

Date

Subscribed and sworn to before me on this _____ day of _____ of 20 _____

OCRC Representative or Notary

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CLEVELAND**